

Table 12. Percentage of RN and LPN staff nurses indicating dissatisfaction with nursing as a career by setting type

<i>Percent that disagree or disagree strongly with the statement:</i>	Staff RNs			Staff LPNs		
	Hospital In-Patient	Long Term Care ⁵	Community Setting	Hospital In-Patient	Long Term Care	Community Setting
e. Overall, I am satisfied with my choice of nursing as a career.	13.7	25.0	9.6	13.6	12.4	11.2
	$\chi^2 p\text{-value} = 0.1835$			$\chi^2 p\text{-value} = 0.9486$		
f. I like being a nurse.	6.6	12.5	5.6	6.8	6.7	4.5
	$\chi^2 p\text{-value} = 0.5152$			$\chi^2 p\text{-value} = 0.7185$		
g. I would encourage others to become a nurse.	29.0	25.0	20.6	25.0	23.3	20.9
	$\chi^2 p\text{-value} = 0.1727$			$\chi^2 p\text{-value} = 0.5629$		

Note that the Chi Square tests were run on the full distribution of answers to the satisfaction items. Because of space constraints only the percentage who answered with a value of 4 (agree) or 5 (agree strongly) are included in this table.

Relationship between satisfaction, daily patient load, and frequency of short staffing

To investigate the relationship between a staff nurse's average daily patient load, short staffing frequency, and levels of job and career satisfaction we created two separate scale measures of satisfaction -- one for job satisfaction and one for career satisfaction. A summated scale method was chosen rather than a mean-based scale because summated scores provide greater variability, which is an important quality in a measurement scale. The scales were created by taking the sum of the responses for items a through d in Table 9 for the work satisfaction scale, and the sum for items e through g for the career satisfaction scale. To ensure that scores on each scale had the same interpretation and could therefore be directly compared, a weight of 4/3 was applied to the career satisfaction scale. In addition, both scales were adjusted so that the value range runs from 0 to 16, making it easier to identify the midpoint in the range and to interpret the conceptual meaning of the additive scores. Only cases with valid data on each of the seven items were included in the development of the scale measures. We have confidence that the scales actually provide good global measures of satisfaction with work and career because Cronbach's alpha measures of association between the original indicators and the summary scale measures were above the generally accepted level of .80 for each scale.⁷

These summary scale measures of satisfaction were used as the dependent variables in multiple regression models that used both the frequency of short staffing and average daily patient load to predict levels of satisfaction. This model was run separately for RN and LPN staff nurses within each of the three general types of employment settings: hospital in-patient units, long term care, and community based settings. Table 13 contains the results for the job satisfaction models, and Table 14 reports the results for the career satisfaction models.

The findings reveal that staff nurses' perceptions of the frequency with which short staffing affects their ability to meet their patient's needs is a consistent predictor of job satisfaction, even when controlling for the size of the nurse's daily patient load. This relationship between short